

| POSITION                  | INITIALS | ID NO.  |          |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         |          |         |          |
| O.I.P.E. CLASSIFIER       |          |         |          |
| FORMALITY REVIEW          | TB       | Je 1108 | 12-06-01 |
| RESPONSE FORMALITY REVIEW | ke       | 1019    | 03-18-02 |
|                           |          |         |          |

Best Available Copy

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date   |
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| Final Original |        |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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RESP-5C583  
03/18/02

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